Surveillance strategies should be risk specific, e.g. patients that have been judged to be high risk for developing adverse events after EVAR should have different surveillance than low risk patients. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Low risk
For **low risk** patients, surveillance should be with US and X-ray annually, with a CT angiogram at 5 years, unless there is sac expansion and/or migration, when CT should be performed. 6. Strongly agree 7. Agree 8. Disagree 9. Strongly disagree 10. Can't say Comments/suggestions:
For **low risk** patients, surveillance should be with US annually, with a CT angiogram at 5 years, unless there is sac expansion, when CT should be performed. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **low risk** patients, surveillance should be with US and X-ray annually, with a CT angiogram only if there is sac expansion and/or migration. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **low risk** patients, surveillance should be with US annually, with a CT angiogram only of there is sac expansion. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Low risk patients should have no surveillance at all. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Any other suggestions about surveillance strategies in low risk patients?

Intermediate risk
Intermediate risk patients should have the same surveillance as low risk patients. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Intermediate risk patients should have the same surveillance as high risk patients. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Any other suggestions about surveillance strategies in intermediate risk patients?
High risk
For **high risk** patients, surveillance should be with annual CT angiogram. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with annual CT angiogram and US+X-ray alternately (one year CT, next year US+X-ray). 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with annual CT angiogram and US alternately (one year CT, next year US). 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with US and X-ray annually, with a CT angiogram at 5 years, unless there is sac expansion and/or migration, when CT should be performed. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with US annually, with a CT angiogram at 5 years, unless there is sac expansion, when CT should be performed.

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with US and X-ray annually, with a CT angiogram only if there is sac expansion and/or migration. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
For **high risk** patients, surveillance should be with US annually, with a CT angiogram only of there is sac expansion. 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Can't say Comments/suggestions:
Any other suggestions about surveillance strategies in high risk patients?
What do you think the role of contrast-enhanced US in EVAR surveillance should be (choose one or more)? 1. It should always be used instead of standard US. 2. It should always be used instead of CT. 3. It should be used instead of CT in cases where contraindications to CT exist. 4. It should be used only in cases of uncertainty as to the origin of endoleak. 5. There is no role. 6. Other (please, specify). Comments/suggestions:
What do you think the role of DSA in EVAR surveillance should be? 1. It should be used in cases of indeterminate endoleak. 2. There is no role. 3. Other (please, specify) Comments/suggestions:
What do you think the threshold for sac expansion that should trigger further investigations/interventions should be? 1. 5 mm 2. 10 mm 3. 15 mm 4. There should be no threshold; any sac expansion should be acted upon. 5. Other (please, specify) Comments/suggestions:

What do you think the threshold for graft migration that should trigger further investigations/interventions should be?

1. 5 mm
2. 10 mm
3. 15 mm
4. There should be no threshold; any graft migration should be acted upon.
5. Other (please, specify)

Comments/suggestions:

Appendix 3. Tier 3 survey: Defining endovascular aneurysm repair surveillance strategies. CT, computed tomography; DSA, digital subtraction angiography; EVAR, endovascular aneurysm repair; US, ultrasonography.